

DEPARTMENT OF SOCIAL SERVICES
DIVISION OF LICENSING PROGRAMS
(Model Form)

**FINANCIAL STATEMENT
FOR
INDEPENDENT FOSTER HOMES**

Name: _____ **Address:** _____

Present Total Income (Monthly)		Present Expenses (Monthly)	
Salary and/or Wages	Income	Rent: Home () Apt. ()	Expenses
Salary: Wife	\$	Mortgage Payment	\$
Husband	\$	Food	\$
Pension	\$	Utilities: Gas	\$
Interest	\$	Electric	\$
Rents	\$	Water	\$
Other	\$	Telephone	\$
Fees for Foster Care	\$	Heat	\$
Total Payroll Deductions	\$	Clothing	
Total Spendable Income	\$	Car Expenses	\$
		Medical and Dental Expenses	\$
Summary of Statement:		Club/ Professional Dues	\$
		School Expenses	\$
Monthly Spendable Income	\$	Church Contributions	\$
Total Monthly Expenses	\$	Insurance: Life	\$
Monthly Surplus	\$	Car	\$
		Property	\$
		Entertainment	\$
		Personal Incidentals	\$
		Installments & Loan Payments (Total)	\$
		Books/Newspapers	\$
		Support of Relatives Elsewhere	\$
		Other (List)	\$
			\$
			\$
			\$
		Total Expenses	\$